



Commercial Applicator Pesticide Use Summary Report

Print *in ink* or type unless otherwise noted. Retain a copy for your records.

This form must be submitted on or before January 31st for pesticide applications made during the preceding calendar year.

DEP USE ONLY

Date: _____

Part I: Pesticide Certified Supervisor Information

1. Name and Address of Certified Supervisor:

Name:

Home Address:

City/Town:

State:

Zip Code:

Phone:

ext.

Fax:

Supervisory Certification No.

Arborist Certification No.

☐ Please check here if your home address has changed since your last submittal.

2. Name and Address of Business

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

E-mail Address:

Contact Person:

Title:

☐ Please check here if your business address has changed since your last submittal.

Part II: Reporting Period

1. This report covers the period from January 1, _____ to December 31, _____

2. ☐ Check this box if ***no pesticides were applied*** during the above reporting period. If so, you must still complete and submit the remaining parts of this form, with the exception of Part IV.

Name of Certified Supervisor:

Certification No.:

Reporting Year:

Part III: Certified Applicator's Information

Name of Certified Applicator	Certification No.

Part IV: Commercial Pesticide Usage

Pesticide Product Name	EPA Product Registration No.	Total Amount of Pesticide Used Before Diluting (check gals or lbs)
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
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		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs
		<input type="checkbox"/> gal or <input type="checkbox"/> lbs

☐ Check here if additional sheets are necessary. You may reproduce this sheet and attach the additional sheets to this sheet

Part V: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

Signature of Certified Supervisor

Date

Mail completed Commercial Applicator Pesticide Use Summary Report to:

PESTICIDE MANAGEMENT PROGRAM
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127